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Weekly Bulletin



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GUY P. JONES
EDITOR

Guard Against Poliomyelitis Now.

As a rule, poliomyelitis is more prevalent during the early fall than during any other season of the year. It has been noted, however, that when more cases than usual appear at other times of the year there is more often an extensive outbreak during the fall months. It will be noted that more cases of poliomyelitis have been reported since the first of the year than are generally reported at this time of the year. Several cases have been reported each week and in some instances there have been rather sharp neighborhood outbreaks.

This more extensive prevalence of the disease indicates that there is need for every health officer to be alert in detecting the presence of any possible cases of poliomyelitis that may appear and instituting control measures without delay. The regulations of the California State Board of Health for the control of poliomyelitis give specific information concerning the management of cases. Copies of these regulations, as published in Special Bulletin No. 15, may be obtained by addressing the secretary of the board at Sacramento.

As a matter of general interest, the following extract concerning the etiology of poliomyelitis is reprinted from the board's regulations:

"Experiments have shown that the micro-organism which causes poliomyelitis is present in the secretions from the

mouths and noses of persons acutely sick with poliomyelitis, and in their bowel discharges. The virus has been demonstrated, also, in the secretions from the noses of healthy persons who have been in contact with the sick. On the basis of present knowledge it appears that the usual method of transmission of poliomyelitis is probably as follows: A person sick from poliomyelitis, or a healthy carrier, enters a community and comes in contact with a number of people. His infectious nasal and mouth secretions become transferred to their mouths or noses and the germs find conditions favorable to their multiplication. Most, or all, of these persons remain well or at least fail to develop characteristic symptoms of poliomyelitis. They in turn spread the infection to others, chiefly through the usual contacts of ordinary business and social life. In the meantime, here and there, usually in widely-separated locations, the infection is transmitted to a susceptible person, most commonly a child, who develops the characteristic paralysis, showing that there has been serious damage to the central nervous system. It seems that the infection in adults tends to persist for a time in their noses without extending to the central nervous system, while in young children the infection not infrequently invades the brain and spinal cord and causes serious destruction of nerve tissue, producing paralysis. The difficulty in controlling poliomyelitis lies in the large number of healthy carriers who are the sources of infection in nearly all cases."

Stanford to Give Courses In Public Health Nursing.

Courses in public health nursing will be given at Stanford University, June 23 to August 29, 1925. Following is the official announcement:

DIVISION OF PUBLIC HEALTH NURSING.

Mrs. Flora May Fearing, A.B., Stanford, 1917; A.M. 1918. Instructor in Citizenship, Stanford University; Instructor in Political Science, Vassar College, 1918-19; Supervisor Neuro-Psychiatric Cases, American Red Cross, Louisville, Ky., 1920; Director, Psychiatric Social Investigation, Cincinnati Mental Hygiene Survey, National Committee for Mental Hygiene, 1921; Lecturer in Economics and Sociology, Mills College, 1922-23. At Stanford, 1921-22, and since 1923.

Franklin Smith Fearing, A.B., A.M., Stanford University. Instructor in Psychology. In charge psychological examinations for Psychiatric Division, Medical Department, Naval Operating Base, Hampton Roads, Va. Director Psychological Clinic serving Social Agencies, Louisville, Ky. Psychologist, Field Staff, National Committee for Mental Hygiene Survey, Cincinnati, Ohio.

Margaret Mulford Lothrop, A.B., Smith, 1905; A.M., Stanford, 1915; Instructor in Economics, Stanford University, since 1915.

Louis S. Olsen, A.B., Stanford University, 1914. Engineering, Stanford, 1915. Health Officer, Palo Alto, California, since 1917.

PUBLIC HEALTH NURSING COURSE.

A Public Health Nursing Course extending through the Summer Quarter will be given by Stanford University in cooperation with the Public Health Department of the city of Palo Alto. *The course will be limited to ten students.*

ADMISSION.

Requirements for admission:

(a) Graduation from a four years' accredited high school or preparatory school of equivalent rank.

(b) Satisfactory completion of the twenty-eight months' nursing course prescribed by the California State Law.

Preliminary Public Health education, or experience in Public Health nursing, is desirable.

CALENDAR.

Tuesday, June 23, registration.

Wednesday, June 24, instruction begins.

Thursday-Saturday, August 27-29, end-quarter examinations.

REQUIRED CURRICULUM.

Economics 117 (Problems of Child Welfare).—A brief survey of child protection and care outside of the school, with special reference to conditions in California. This course is designed for teachers or for those interested in child welfare who can not take the full courses. Two trips of inspection will be required. This course is open to all nursing students in the Summer Quarter.

a. *Problems of Health and Child Labor.*—Not open to those taking Economics 104 for the full quarter, but open to those taking Economics 104 for the first half only. (One unit, first half quarter.)

b. *The Care of Dependent, Defective, and Delinquent Children.*—Not open to those who have taken Economics 104 and 105. (One unit, second half quarter.)

2 units. (Lothrop.) TTh 10.

Political Science 119a (Quantitative Measurements in Public Administration).—Demonstration and practice in quantitative treatment of governmental problems. Serviceable methods of collecting, tabulating, and presenting data will be emphasized. Open to students interested in the scientific or practical aspects of any phase of public administration. Public Health students may choose problems in the field of their immediate interests.

2 to 4 units. (F. M. Fearing.) Lect. and Lab. T 2.05-4.05. Other periods by arrangement.

Public Health 1 (Health Department Administration).—This course will consist of lectures on the activities, organization and powers of public health departments, supplemented by laboratory and field work.

2 units. (Olsen.) MW 1.05-2.05.

Psychology 51a and b (General Psychology).—An introductory survey of mental life. The point of view, methods, experimentally attested facts, and general principles of psychology are presented.

5 units. (F. S. Fearing.) MTW ThF 11.

EXPENSE.

A. Tuition and incidental fees	\$96 00
Books, syllabi, etc. (Approx.)	15 00
Trips of inspection to dairies, etc. (Approx.)	15 00
B. Board, room and house fees (Roble Hall)	124 50
Total	\$250 50

FURTHER INFORMATION.

For further information, application blanks, bulletins, etc., address The Registrar, Stanford University, California.



Bunion Pads Not Good For Vaccination Dressings.

The United States Public Health Service issues a warning to the medical profession and the general public against the use of bunion pads as dressings in vaccinations against smallpox.

"The singular use of bunion pads for this purpose appears to be more common than might be supposed. Several fatal cases of tetanus following their use have appeared recently in the United States, and laboratory tests have demonstrated the presence of tetanus spores in bunion pads from the same source as those which were associated with tetanus cases that occurred following vaccination.

"The United States Public Health Service deprecates the use of any kind of a shield as a vaccination dressing. The employment of any such shield tends to prevent evaporation, to retain heat, moisture or discharges, with a consequent softening of the vesicle, to obstruct lymphatic drainage, to produce hyperemia, and to create conditions apparently favorable for the development of bacterial invasion, especially by the tetanus organism.

"The smallest single site insertion compatible with a successful take and with no immediate dressing whatever is believed to be the best method of vaccination in the majority of cases."



Remember, the outlook for the next generation of adults in the struggle with tuberculosis rests in the protection and education we insure to the children of this generation.

—Dr. Henry Barton Jacobs.

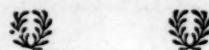


Special Bulletin 25 Is Revision, Not a Reprint.

The attention of health officers and public health nurses is called to the fact that Special Bulletin 25, recently issued, is a revision of the regulations for the control of certain of the communicable diseases, and not merely a reprint of an earlier edition. It should be noted, further, that under the revised regulations, children who give evidence satisfactory to the health officer of having had chickenpox, measles, German measles, mumps or whooping cough may be allowed to enter and leave the premises with the written consent of the health officer.

Columbia Offers Summer Courses in Public Health.

Columbia University, New York City, offers summer courses in public health and preventive medicine during the July 6 to August 14, 1925. Dr. Haven Emerson, professor of public health administration, will give courses in school health inspection and preventable disease. Dr. William F. Snow, general director of the American Social Hygiene Association and formerly secretary of the California State Board of Health, will give a course in social hygiene. Dr. Philip P. Jacobs will give a course in the community aspects of tuberculosis. Many other well-known educators are on the summer faculty. Teachers, directors of physical education and public health nurses will find courses of particular value in their special lines of work. Application for admission should be made to the office of the summer session, room 211, Library Building.



Whooping Cough Takes Many Lives.

Too often, whooping cough is not regarded as one of the most devastating of the communicable diseases. Not only is the mortality from this disease exceptionally high, particularly among young children, but the train of serious after-affects left in its wake are responsible for much ill-health of adult life. The following table of cases and deaths from this disease in California during the past ten years shows the prevalence of the disease and its high mortality rate:

Whooping Cough in California.

	Cases	Deaths
1915	1,144	124
1916	2,856	197
1917	3,042	200
1918	3,974	314
1919	893	71
1920	4,901	401
1921	2,805	191
1922	3,298	282
1923	5,395	324
1924	3,176	164



MORBIDITY.*

Diphtheria.

118 cases of diphtheria have been reported, as follows: Los Angeles 41, San Francisco 19, Los Angeles County 7, Oakland 7, Sacramento County 1, Santa Barbara 2, San Bernardino 2, Imperial County 1, Shasta County 1, Gridley 2, Calipatria 1, Santa Clara 1, Pasadena 1, Hawthorne 1, Redondo Beach 1, Sacramento 2, Fresno 3, Alameda 3, San Jose 2, Lindsay 3, Red Bluff 1, Salinas 1,

*From reports received on April 7th for week ending April 4th.

Fresno County 1, Sebastopol 1, Stanislaus County 1, Monterey 2, San Joaquin County 1, San Diego 3, Long Beach 1, Monrovia 1, Stockton 1, Kern County 1, Oceanside 2.

Scarlet Fever.

138 cases of scarlet fever have been reported, as follows: Los Angeles 32, Los Angeles County 23, San Francisco 16, Redlands 6, Fresno County 5, Kern County 5, Watts 8, Riverside County 6, San Bernardino 3, Orange County 1, Alameda 1, Richmond 1, Bakersfield 1, Sacramento County 1, Santa Barbara 3, Solano County 1, Redwood City 1, Colton 1, Ontario 1, Merced County 2, San Joaquin County 1, San Diego County 1, Stockton 1, Alhambra 3, San Jose 4, Sacramento 2, Redondo Beach 1, Fresno 1, Watsonville 2, Monterey Park 3, Azusa 1.

Measles.

132 cases of measles have been reported, as follows: Los Angeles 50, Fillmore 20, San Francisco 16, Humboldt County 14, Los Angeles County 10, Oakland 1, Alameda County 4, Chula Vista 1, Porterville 1, Long Beach 3, Pasadena 1, LaVerne 2, Fresno County 1, Huntington Park 3, Redlands 1, Santa Ana 1, Santa Monica 1, San Diego 1, Ventura County 1.

Smallpox.

163 cases of smallpox have been reported, as follows: Los Angeles 50, San Diego 23, Los Angeles County 16, San Francisco 10, San Jose 8, Oakland 6, Long Beach 7, Grass Valley 7, Sacramento County 3, Placerville 1, Santa Barbara 1, San Bernardino 1, Burlingame 1, San Gabriel 1, Huntington Park 3,

Redlands 1, Orange County 4, Sacramento 2, Santa Ana 3, Berkeley 2, Sutter County 4, Redding 1, Livermore 2, Marysville 1, Anaheim 1, Kern County 2, San Diego 2.

Whooping Cough.

321 cases of whooping cough have been reported, as follows: Los Angeles County 55, Los Angeles 49, San Francisco 43, Berkeley 24, Stockton 16, San Diego 9, Riverside 14, Pasadena 9, Alhambra 9, Long Beach 8, Hawthorne 7, San Luis Obispo County 5, Watsonville 7, Palo Alto 5, Kings County 6, Oakland 5, Monrovia 5, Lodi 1, Manteca 1, San Joaquin County 4, Marin County 3, Sacramento County 1, Sacramento 3, Maywood 1, Paso Robles 1, San Jose 1, Napa County 1, Gilroy 2, Orange 1, Sonora 4, South Pasadena 1, Burbank 2, Salinas 2, Lindsay 1, San Bernardino 2, Chula Vista 3, Dinuba 1, Santa Monica 2, San Diego 3, Watts 1, Riverside County 1, Corona 2.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: Fresno 2, Los Angeles 1, Shasta County 1, Sacramento 1, San Joaquin County 1, Oakland 1, LaVerne 1.

Epidemic Meningitis.

Los Angeles reported one case of epidemic meningitis.

Poliomyelitis.

Oakland reported one case of poliomyelitis.

Epidemic Encephalitis.

Berkeley reported one case of epidemic encephalitis.

COMMUNICABLE DISEASE REPORT.

Disease	1925			Reports for week ending April 4 received by April 7	1924			Reports for week ending April 5 received by April 8		
	Week ending				Week ending					
	March 14	March 21	March 28		March 15	March 22	March 29			
Anthrax-----	0	0	0	0	0	1	0	0		
Chickenpox-----	369	364	418	298	537	437	436	384		
Diphtheria-----	135	156	138	118	270	213	246	207		
Dysentery (Bacillary)-----	2	3	1	1	0	3	0	0		
Epidemic Encephalitis-----	2	5	2	1	1	3	1	4		
Epidemic Meningitis-----	1	3	2	1	0	3	1	4		
Gonorrhoea-----	86	62	74	49	151	85	72	150		
Influenza-----	280	163	155	122	35	49	19	19		
Leprosy-----	0	0	0	0	2	1	0	1		
Malaria-----	0	0	0	3	4	0	3	0		
Measles-----	61	145	105	132	1,546	1,343	1,506	1,106		
Mumps-----	294	308	355	369	59	52	56	78		
Plague-----	0	0	0	0	0	0	0	0		
Pneumonia-----	65	73	141	70	79	77	75	62		
Poliomyelitis-----	3	2	2	1	2	3	2	0		
Scarlet Fever-----	161	163	179	138	289	266	297	239		
Smallpox-----	145	167	195	163	320	304	320	245		
Syphilis-----	153	86	99	116	212	111	95	155		
Tuberculosis-----	149	191	166	196	240	236	167	151		
Typhoid Fever-----	7	9	10	8	15	196	16	80		
Whooping Cough-----	327	297	449	321	41	42	45	48		
Totals-----	2240	2197	2491	2104	3803	3425	3357	2933		

CALIFORNIA STATE PRINTING OFFICE

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